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## BIB DATA SHEET

CONFIRMATION NO. 6665

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/706,570	11/12/2003 RULE	602	3772	MMH-00307/29		
<b>APPLICANTS</b> Michael A. Masini, Ann Arbor, MI;						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/783,373 02/14/2001 PAT 6,664,435 which is a CON of 09/188,752 11/09/1998 PAT 6,225,523 which is a CIP of 08/886,792 07/01/1997 PAT 5,833,646 which is a CIP of 08/350,822 12/07/1994 PAT 5,643,189 TP 9/29/09						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/20/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /TARLA R PATEL/ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 18 15	<b>INDEPENDENT CLAIMS</b> 3 5
<b>ADDRESS</b> GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C PO BOX 7021 TROY, MI 48007-7021 UNITED STATES						
<b>TITLE</b> Invertible wound dressing and method of making the same						
<b>FILING FEE RECEIVED</b> 671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		